PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

09/757,15/

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			Basic Fee	150.00	OR	BASIC FEE	300.00
TOTAL CHARGEABLE CLAIMS			minus 20=		•			X\$ 25=		OR	X\$50=	
INDEPENDENT CLAIMS			minus 3 =		•			X100=		OR	X200=	
MULTIPLE DEPENDENT CLAIM P			RESENT					+180=		OR	+360=	
- 11	the difference	in column 1 is	less than z	ero, enter	"0" in 0	column 2	L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3							SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A	1/23/de	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM! PREVIO	EST BER OUSLY	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.12	Minus	• 2	0	- /		X\$ 25=		OR	X \$ 50≖	N
	Independent	.3	Minus	•••	3	= /		X100=		OR	X200=	<i>f</i> .
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+180=		OR	+360≖	
								TOTAL DOIT, FEE		OR	TÓTAL ADDIT. FÉE	1
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total ·	•	Minus	**		=		X\$ 25=		OR	X\$50=	
	Independent	dependent * Minus *** RST PRESENTATION OF MULTIPLE DEPENDEN			CLAIM		\prod	X100=	·	OR	X200=	
L	FIRST PRESE	NTATION OF MI	JUI PLE DEI	PENDENI	·		J. [+180=		OR	+360=	
		~					E.	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE:	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 25=		OR	X\$50=	<u> </u>
	Independent	•	Minus	***		-	П	X100=		ОЯ	X200=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+180=		OR	+360=	
40.5	 If the entry in column 1 is less than the entry in column 2, write '0' in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 							TOTAL DOTT. FEE		OR ,	TOTAL VDDIT. FEE	W4 4 V V V V
-	I the "Hickory Shi	mber Previously Pa ber Previously Pal	M For IN TH	IS SPACE I	s less tha	n 3. enter "3."		•	ropriate box	•	:	• • • •